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PTO/SB/17 (07-06)

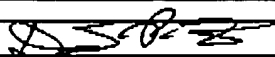
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<p><i>Effective on 12/08/2004.</i> Fees pursuant to the Consolidated Appropriations Act, 2003 (H.R. 4618).</p> <p>FEE TRANSMITTAL For FY 2005</p>		<p>Complete if Known</p>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/777,014
TOTAL AMOUNT OF PAYMENT		Filing Date	February 11, 2004
(\$)		First Named Inventor	James A. Laugham, Jr.
760.00		Examiner Name	T. G. Soohoo
		Art Unit	1723
		Attorney Docket No.	CVRS-P04-001

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>18-1945</u> Deposit Account Name: <u>Fish & Neave IP Group, Ropes & Gray LLP</u>
For the above identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
<u>Fee Description</u>							<u>Small Entity</u>
							<u>Fee (\$)</u>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							<u>Multiple Dependent Claims</u>
- = x =							<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
- = x =							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>		<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
- 100 =		/50	(round up to a whole number) x		=		
4. OTHER FEE(S)							<u>Fees Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2253 Extension for response within third month							510.00
2401 Notice of appeal							250.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,735
Name (Print/Type)	David P. Halstead, Ph.D.	Telephone	(617) 951-7615
		Date	September 25, 2006

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: September 25, 2006

Signature:  (Mary Jane DiPalma)

SEP 25 2006

FAX TRANSMISSION**DATE:** September 25, 2006**PTO IDENTIFIER:** Application Number 10/777,014
Patent Number**Inventor:** Laugharn et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** FISH & NEAVE IP GROUP, ROPES & GRAY LLP
David P. Halstead, Ph.D.**PHONE:** (617) 951-7615**Attorney Dkt. #:** CVRS-P04-001**PAGES (Including Cover Sheet):** 5**CONTENTS:** Fcc Transmittal (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Notice of Appeal (1 page)
Communication in Response to Interview Summary Statement (1 page)
This Facsimile Cover Sheet (1 page)
Charge \$760.00 to deposit account 18-1945

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Dated: September 25, 2006 Signature: 

(Mary Jane DiPalma)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

LAUGHARN et al.

Attorney Docket No. CVRS-P04-001

Serial No: 10/777,014

Conf. No.: 2221

Filed: February 11, 2004

Art Unit: 1723

For: APPARATUS AND METHODS FOR
CONTROLLING SONIC TREATMENT

Examiner: T. Soohoo

COMMUNICATION IN RESPONSE TO INTERVIEW SUMMARY STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This communication is in response to the Interview Summary mailed on May 26, 2006.

Applicants agree with the substance of the interview summary. Specifically, Applicants proposed claim amendments intended to expedite allowance of the application. These proposed claims were discussed during the interview, but agreement on these amendments was not reached. The Examiner indicated that the proposed claim amendments, if made by Applicants, would require further consideration. Applicants take this opportunity to thank the Examiner for courtesies extended during this telephonic interview.

Applicant believes no fee is due with this response. However, if a fee is due, please charge our Deposit Account No. 18-1945, under Order No. CVRS-P04-001 from which the undersigned is authorized to draw.

Dated: September 25, 2006

Respectfully submitted,

By 

David P. Halstead, Ph.D.

Registration No.: 44,735

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